

Staff _____

Placement _____

Director _____

Registered _____

**Southern Pines Public Library
VOLUNTEER APPLICATION**

Today's Date _____

Full Name: _____
Last First Middle

Address: _____
City State Zip

Phone Number: _____ Email _____

Please answer the following questions, and explain if necessary.

1. Briefly describe any work or volunteer experience you have had in a library.
2. Please describe why you want to volunteer in a library. Do you have any other relevant skills, interests, or volunteer experiences?
3. What is your area of interest in volunteering in a library? (Please check all that interest you)
Typing _____ Shelf reading _____ Searching for missing items _____
Looking up titles in an online database _____ Wrapping books _____
Book processing _____ Filling Little Free Libraries _____
Other _____
4. Do you have any physical limitations that might prevent activities such as stooping, bending, climbing a stepladder, or lifting? Please explain.
5. Can you volunteer on a weekly basis? Yes _____ No _____

6. When is the best time for you to volunteer?

Monday	AM _____	PM _____
Tuesday	AM _____	PM _____
Wednesday	AM _____	PM _____
Thursday	AM _____	PM _____
Friday	AM _____	PM _____
Saturday	AM _____	PM _____
Sunday	library closed AM _____	PM _____

Have you ever been convicted of an offense against the law or forfeited bond? Yes ___ No ___

NOTE: A criminal record will not necessarily exclude you from volunteering. Such factors as age at time of offense, rehabilitation efforts and regency and seriousness of the crime will be taken into account. You may omit traffic violations of which you paid a fine of \$30.00 or less.

Please, list two personal references:

	<u>Name</u>	<u>Address</u>	<u>Tel. #</u>	<u>Relationship</u>
1.	_____			
2.	_____			

CERTIFICATION AND ASSENT

I hereby certify that the statements I have made are true.

Signature of Applicant _____ Date _____

IF VOLUNTEER IS UNDER 18, PARENT OR GUARDIAN MUST ALSO SIGN BELOW:

I hereby give my consent for _____ (name of volunteer) to volunteer at the Southern Pines Public Library.

PRINTED NAME OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____ **Date** _____

